



Acquired Brain Injury Medicaid Waiver Fact Sheet (updated 3/27/14)

The Department of Social Services has administered the Acquired Brain Injury (ABI) Medicaid Waiver since 1999. The ABI Waiver provides critical supports that allow over 430 individuals to live in the community by providing a diverse array of services. Under the existing ABI Waiver (ABI Waiver I), individual care plan spending can be up to 200% of the identified level of care, as long as the overall spending limit remains at or below the alternative institutional costs.

Since the implementation of the waiver, however, the number of Connecticut residents being served has grown significantly. Under the existing waiver standards, it has become a challenge for the state to maintain the federally required cost-neutrality of serving these individuals outside of an institutional setting. This is what initially prompted the state to evaluate the waiver and determine where changes could be made would still assure access to the necessary services but also maintain critical cost-neutrality. In addition, the legislatively adopted state budget for FY 14 and FY 15 assumes significant additional federal revenue as a result of adding individuals who are currently receiving services at 100% state cost onto a Medicaid waiver.

DSS is also seeking to resolve several additional challenges that have been identified:

- there are not enough slots on the current ABI Waiver to accommodate the 49 people who are currently waitlisted for service as of March 7, 2014; it takes more than three years from date of application for a waitlisted person to access services;
- the Department of Mental Health and Addiction Services (DMHAS) is using state funds to support waitlisted individuals who have traumatic brain injuries and often co-occurring behavioral health conditions, but these services would qualify for federal Medicaid matching payments to offset half of those costs if the individuals were placed under a waiver
- current spending per ABI participant is at a very high level – an average of \$96,382 per participant per year and
- the range of services that are currently offered may not meet the individual needs of all participants.

For these reasons and in accordance with the adopted state budget, DSS has proposed to:

- retain the current waiver, which will be known as “ABI Waiver I” and will, with no changes, continue to serve all current participants; and
- seek authorization from the federal Centers for Medicare and Medicaid Services (CMS) for an additional waiver, which will be known as “ABI Waiver II.”

ABI Waiver II will include all of the same services as are included in ABI Waiver I except Transitional Living Services. Consistent with CMS guidance, we have not included Transitional Living Services because there has been no utilization of that service under the current waiver. ABI Waiver II will use a

lower “cost cap” and will add five new services: Adult Day Health, Consultation Services, Personal Care Assistance (Agency), Recovery Assistant, and Recovery Assistant II.

This fact sheet includes the following:

- 1) a side-by-side comparison of the current and new waivers; and
- 2) responses to comments and questions posed by beneficiaries and advocates.

Side-By-Side Comparison of the Current and New Waivers:

| | Current Waiver | New Waiver |
|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name | ABI Waiver I | ABI Waiver II |
| Available Slots | | Year 1: 63 Year 2: 138 Year 3: 213 Year 4: 288 Year 5: 363 The above figures are designed to accommodate new participants as well as to reserve capacity for individuals served by Money Follows the Person (MFP) and DMHAS. |
| Cost Cap | 200% of the cost of institutional care: \$11,600 per month for NF level of care, \$22,970/month for ABI/NF level of care, \$29,445/month for ICF/IID level of care and \$67,668/month for CDH level of care) | 150% of the cost of institutional care: \$8,700 per month for NF level of care \$17,228/month for ABI/NF level of care \$22,083/month for ICF/IID level of care and \$50,751/month for CDH level of care) |
| Level of Care | NF, ABI/NF, ICF/IID, CDH | NF, ABI/NF, ICF/IID, CDH |
| Service Array | <ul style="list-style-type: none"> • ABI Group Day • Case Management • Chore Services • Cognitive Behavioral Programs • Community Living Support Services • Companion • Environmental Modification • Home Delivered Meals • Homemaker • Independent Living Skills Training • Personal Care Assistance (Private) • Personal Emergency Response Systems • Pre-vocational Services • Respite • Specialized Medical Equipment and Supplies • Substance Abuse Programs • Supported Employment • Transportation • Transitional Living Services • Vehicle Modification Services | <ul style="list-style-type: none"> • ABI Group Day • Case Management • Chore Services • Cognitive Behavioral Programs • Community Living Support Services • Companion • Environmental Modification • Home Delivered Meals • Homemaker • Independent Living Skills Training • Personal Care Assistance (Private) • Personal Emergency Response Systems • Pre-vocational Services • Respite (expanded to include respite by non-legally liable relatives) • Specialized Medical Equipment and Supplies • Substance Abuse Programs • Supported Employment • Transportation • Vehicle Modification Services • Adult Day Health • Consultation Services • Personal Care Assistance (Agency) • Recovery Assistant • Recovery Assistant II |

Responses to Comments and Questions by Beneficiaries and Advocates:

Why isn't DSS simply adding new slots to the existing waiver?

DSS strongly agrees with beneficiaries and advocates that Connecticut needs more capacity to serve those with Acquired Brain Injuries. To expand coverage in this tight budget climate, however, it is necessary to do so in a manner that controls costs. DSS heard loud and clear from current participants that they oppose changes to the current waiver. Therefore, we have instead chosen to implement a new waiver with a lower cost cap, but also expanded service array, for new participants.

Will people served by ABI Waiver I experience changes?

No. People served by ABI Waiver I will continue to receive services based on current criteria. As is required by CMS, DSS will carefully assess the "cost neutrality" of the waiver over time. This means that we will continue to confirm that overall costs do not exceed the costs of institutional care. If cost neutrality becomes a problem in the future, we will work closely with participants to assess their care plan needs and to ensure that there is continuity of care. No one will be "forced off of the waiver."

Will ABI Waiver II make it more difficult for individuals with high care needs to be served?

No. ABI Waiver II includes reserve capacity for individuals served by Money Follows the Person, which supports individuals transitioning from nursing facilities to independent living in the community with housing assistance and other services. ABI Waiver II also includes reserve capacity for individuals served by DMHAS. Further, many current participants of ABI Waiver I are being served effectively with care plans that cost much less than 150% of the cost of institutional care.

Is ABI Waiver II shifting away from rehabilitative supports?

No. Both ABI Waiver I and ABI Waiver II maintain a rehabilitative focus. ABI Waiver II includes all of the same services as are included in ABI Waiver I. Further, five new services are being added to accommodate the needs of the many profiles of those who need services: Adult Day Health, Consultation Services, Personal Care Assistance (Agency), Recovery Assistant, and Recovery Assistant II. To clarify, Recovery Assistant is defined as a flexible range of supportive assistance provided face-to-face that provides a rehabilitative approach to enable a participant to maintain a home/apartment, encourages the use of existing natural supports, and fosters involvement in social and community activities. Service activities include: performing household tasks, providing instructive assistance, or cuing to prompt the participant to carry out tasks (e.g., meal preparation; routine household chores, cleaning, laundry, shopping, and bill-paying; and participation in social and recreational activities), and providing supportive companionship. The Recovery Assistant may also provide instruction or cuing to prompt the participant to dress appropriately and perform basic hygiene functions, supportive assistance and supervision of the participant, and short-term relief in the home for a participant who is unable to care for himself/herself when the primary caregiver is absent or in need of relief.

How will DSS ensure that participants receive high quality and consistent service?

DSS will work with the program's fiscal intermediary, Allied, to assess the adequacy of the provider network and to boost provider engagement. DSS will ensure that the provider listing is kept current, and that it is available both online and in print.

Further, DSS will review the feasibility of recommendations made concerning expansion of criminal background check and training requirements. Additionally, DSS will ensure that the current video curriculum is offered on a regular basis and will convene state waiver managers to discuss the feasibility of implementing additional means of providing training.

DSS will conduct quality assurance surveys of both participants and providers and will make summaries of the results of such surveys available to the Advisory Committee. DSS will also seek input from participants, their natural supports and the Advisory Committee on assessment methods and frequency.

Finally, DSS will also formalize means of providing participants with information on the Brain Injury Alliance of Connecticut (BIAC) and other community supports, as well as information on how to report abuse and neglect. While DSS acknowledges comments urging consideration of increases in the rates paid to ABI Waiver providers, due to budget constraints, it is not currently possible for DSS to increase these rates.

How will DSS ensure that it is kept informed by participants and advocates on an ongoing basis?

As noted in the waiver application, DSS will convene an Advisory Committee with representation by participants and advocates. DSS will ensure that the Advisory Committee has the opportunity to review and comment on quality assurance information, assessment method and frequency, Fiscal Intermediary and ABI Waiver Summary reports, and summaries of participant surveys.

How does the cost cap for the ABI Waiver compare to other Medicaid Waiver Programs?

The 200% cost cap for the current ABI Waiver is the highest cost cap of all of the Medicaid waiver programs. The Personal Care Assistance, Elder and Katie Beckett Waivers are all capped at 100% of the cost of institutional care. The Mental Health Waiver is capped at 125%. DDS operates four waivers. The Comprehensive Supports Waiver is capped at 150% of the institutional cost while the Individual and Family Support, Employment and Day Supports, and Autism Waivers are capped at less than 100%. The proposed 150% cost cap for ABI Waiver II brings the cap in line with the highest cost cap of all of the other waivers and provides significant service dollars within that cap.

